

FILED
U.S. BANKRUPTCY CT.
ANAPOLIS DIVISION

2019 MAY 30 PM 2:34

SOUTHERN DISTRICT
OF INDIANA
KEVIN P. DEMPSEY
CLERK

Fill in this information to identify your case:

Debtor 1	ERIKA	PATRICE	TURNER	
	First Name	Middle Name	Last Name	
Debtor 2	(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____ District of: _____				
Case number (If known) 19-03565-JMC-7				

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets	
Value of what you own	
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$ 0.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$ 6,100
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$ 6,100

Part 2: Summarize Your Liabilities

Your liabilities	
Amount you owe	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$ 4,500
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 19,115
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	+ \$
	Your total liabilities
	\$ 23,615

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 997.24
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 1,335

Debtor 1

ERIKA

First Name

PATRICE

Middle Name

TURNER

Last Name

Case number (if known) 19-03565-JMC-7

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1,268.96

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.) \$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.00

9d. Student loans. (Copy line 6f.) \$ 0.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00

9g. **Total.** Add lines 9a through 9f. \$ 0.00

Debtor 1

Erika

First Name

Patrice

Middle Name

Turner

Last Name

Case number (if known) 19-03565-JMC-7

3.3. Make: _____

Who has an interest in the property? Check one.

Model: _____

 Debtor 1 only

Year: _____

 Debtor 2 only

Approximate mileage: _____

 Debtor 1 and Debtor 2 only

Other information: _____

 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

3.4. Make: _____

Who has an interest in the property? Check one.

Model: _____

 Debtor 1 only

Year: _____

 Debtor 2 only

Approximate mileage: _____

 Debtor 1 and Debtor 2 only

Other information: _____

 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

 No Yes

4.1. Make: _____

Who has an interest in the property? Check one.

Model: _____

 Debtor 1 only

Year: _____

 Debtor 2 only

Other information: _____

 Debtor 1 and Debtor 2 only At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____

Who has an interest in the property? Check one.

Model: _____

 Debtor 1 only

Year: _____

 Debtor 2 only

Other information: _____

 Debtor 1 and Debtor 2 only At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

\$ 2,000

Debtor 1 Erika
First Name Patrice
Middle Name Turner
Last NameCase number (if known) 19-03565-JMC-7**Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware No Yes. Describe..... Living room furniture, bedroom furniture\$ 1,000**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No Yes. Describe..... television, laptop, cell phone\$ 1,500**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe.....

\$ _____

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe.....

\$ _____

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.....

\$ _____

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe..... clothing\$ 1,500**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....

\$ _____

13. Non-farm animals*Examples:* Dogs, cats, birds, horses No Yes. Describe.....

\$ _____

14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information.

\$ _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here →\$ 4,000

Debtor 1 Erika
 First Name Patrice
 Middle Name Turner
 Last Name

Case number (if known) 19-03565-JMC-7**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes

Cash: \$

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes

Institution name:

17.1. Checking account:	<u>Chase Bank</u>	\$ <u>100.00</u>
17.2. Checking account:	\$
17.3. Savings account:	\$
17.4. Savings account:	\$
17.5. Certificates of deposit:	\$
17.6. Other financial account:	\$
17.7. Other financial account:	\$
17.8. Other financial account:	\$
17.9. Other financial account:	\$

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes

Institution or issuer name:

.....	\$
.....	\$
.....	\$

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

.....	%	\$
.....	%	\$
.....	%	\$

Debtor 1 Erika
 First Name Patrice
 Middle Name Turner
 Last Name

Case number (if known) 19-03565-JMC-7**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account: Institution name:

401(k) or similar plan: _____ \$ _____

Pension plan: _____ \$ _____

IRA: _____ \$ _____

Retirement account: _____ \$ _____

Keogh: _____ \$ _____

Additional account: _____ \$ _____

Additional account: _____ \$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.....

Institution name or individual:

Electric: _____ \$ _____

Gas: _____ \$ _____

Heating oil: _____ \$ _____

Security deposit on rental unit: _____ \$ _____

Prepaid rent: _____ \$ _____

Telephone: _____ \$ _____

Water: _____ \$ _____

Rented furniture: _____ \$ _____

Other: _____ \$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes.....

Issuer name and description:

Debtor 1 Erika Patrice Turner

Case number (if known) 19-03565-JMC-7

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- No
 Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\$ _____
\$ _____
\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- No
 Yes. Give specific information about them....

\$ _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- No
 Yes. Give specific information about them....

\$ _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- No
 Yes. Give specific information about them....

\$ _____

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

--

Federal: \$ _____
State: \$ _____
Local: \$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- No
 Yes. Give specific information.....

--

Alimony: \$ _____
Maintenance: \$ _____
Support: \$ _____
Divorce settlement: \$ _____
Property settlement: \$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No
 Yes. Give specific information.....

\$ _____

Debtor 1 **Erika Patrice Turner**
 First Name Middle Name Last Name

Case number (if known) **19-03565-JMC-7****31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company
of each policy and list its value. Company name:

Beneficiary:

Surrender or refund value:

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information.....

_____	\$ _____
-------	----------

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.

_____	\$ _____
-------	----------

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.

_____	\$ _____
-------	----------

35. Any financial assets you did not already list

No

Yes. Give specific information.....

_____	\$ _____
-------	----------

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$ **100.00**

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.

Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No

Yes. Describe.....

_____	\$ _____
-------	----------

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe.....

_____	\$ _____
-------	----------

Debtor 1 Erika
 First Name Patrice
 Middle Name Turner
 Last Name

Case number (if known) 19-03565-JMC-7**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade** No Yes. Describe.....

	\$ _____
--	----------

41. Inventory No Yes. Describe.....

	\$ _____
--	----------

42. Interests in partnerships or joint ventures No Yes. Describe..... Name of entity:

% of ownership:

	_____ % \$ _____
	_____ % \$ _____
	_____ % \$ _____

43. Customer lists, mailing lists, or other compilations No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

	\$ _____
--	----------

44. Any business-related property you did not already list No Yes. Give specific information

	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
--	--

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

	0.00
--	------

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.****46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.

Current value of the portion you own? Do not deduct secured claims or exemptions.

47. Farm animals*Examples: Livestock, poultry, farm-raised fish* No Yes.....

	\$ _____
--	----------

Debtor 1 Erika Patrice Turner

First Name Middle Name Last Name

Case number (if known) 19-03565-JMC-7**48. Crops—either growing or harvested** No Yes. Give specific information.....

	\$ _____
--	----------

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No Yes.....

	\$ _____
--	----------

50. Farm and fishing supplies, chemicals, and feed No Yes.....

	\$ _____
--	----------

51. Any farm- and commercial fishing-related property you did not already list No Yes. Give specific information.....

	\$ _____
--	----------

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here→ \$ 0.00**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

	\$ _____
	\$ _____
	\$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here→ \$ 0.00**Part 8: List the Totals of Each Part of this Form****55. Part 1: Total real estate, line 2**→ \$ 0.00**56. Part 2: Total vehicles, line 5**\$ 2,000**57. Part 3: Total personal and household items, line 15**\$ 4,000**58. Part 4: Total financial assets, line 36**\$ 100.00**59. Part 5: Total business-related property, line 45**\$ 0.00**60. Part 6: Total farm- and fishing-related property, line 52**\$ 0.00**61. Part 7: Total other property not listed, line 54**

+ \$

62. Total personal property. Add lines 56 through 61.\$ 6,100Copy personal property total → + \$ 6,100**63. Total of all property on Schedule A/B. Add line 55 + line 62.**\$ 6,100

Fill in this information to identify your case:		
Debtor 1	Erika	Patrice
	First Name	Middle Name
Debtor 2	Turner	
(Spouse, if filing)		Last Name
United States Bankruptcy Court for the: _____ District of: _____		
Case number (if known)	19-03565-JMC-7	

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from <i>Schedule A/B</i> : _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from <i>Schedule A/B</i> : _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from <i>Schedule A/B</i> : _____			

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1 Erika Patrice Turner
First Name Middle Name Last Name

Case number (*if known*) 19-03565-JMC-7

Part 2: Additional Page

Fill in this information to identify your case:		
Debtor 1	Erika	Patrice
	First Name	Middle Name
Debtor 2	Turner	
(Spouse, if filing)		Last Name
United States Bankruptcy Court for the: _____ District of _____		
Case number (if known) 7-03565-JMC-7		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Creditor's Name	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
2.1 Advanced Auto Sales	2009 Dodge Caliber	\$ 4500	\$ 0.00	\$ 0.00
Number Street				
3750 Madison Ave				
Indianapolis, IN 46227				
City State ZIP Code				
Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.			
<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Judgment lien from a lawsuit			
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other (including a right to offset) _____			
<input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred 10/1/2017	Last 4 digits of account number 0 0 0 0			
2.2	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
Number Street				
City State ZIP Code				
Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent			
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed			
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred _____	Last 4 digits of account number _____			
Add the dollar value of your entries in Column A on this page. Write that number here: \$ _____				

Debtor 1

Erika

First Name

Middle Name

Patrice

Last Name

Turner

Case number (if known) 7-03565-JMC-7

Part 1:**Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A
Amount of claim
 Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion if any

		Describe the property that secures the claim: \$ _____ \$ _____ \$ _____	
Creditor's Name			
Number Street			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
City State ZIP Code			
Who owes the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred _____		Last 4 digits of account number _____	
		Describe the property that secures the claim: \$ _____ \$ _____ \$ _____	
Creditor's Name			
Number Street			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
City State ZIP Code			
Who owes the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred _____		Last 4 digits of account number _____	
		Describe the property that secures the claim: \$ _____ \$ _____ \$ _____	
Creditor's Name			
Number Street			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
City State ZIP Code			
Who owes the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred _____		Last 4 digits of account number _____	
Add the dollar value of your entries in Column A on this page. Write that number here: \$ _____			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$ _____			

Debtor 1 Erika Patrice Turner
 First Name Middle Name Last Name

Case number (if known) 7-03565-JMC-7**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name _____

On which line in Part 1 did you enter the creditor? _____

Number Street _____

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

On which line in Part 1 did you enter the creditor? _____

Name _____

Last 4 digits of account number _____

Number Street _____

City _____ State _____ ZIP Code _____

On which line in Part 1 did you enter the creditor? _____

Name _____

Last 4 digits of account number _____

Number Street _____

City _____ State _____ ZIP Code _____

On which line in Part 1 did you enter the creditor? _____

Name _____

Last 4 digits of account number 0 0 0 0

Number Street _____

City _____ State _____ ZIP Code _____

On which line in Part 1 did you enter the creditor? _____

Name _____

Last 4 digits of account number _____

Number Street _____

City _____ State _____ ZIP Code _____

On which line in Part 1 did you enter the creditor? _____

Name _____

Last 4 digits of account number _____

Number Street _____

City _____ State _____ ZIP Code _____

Fill in this information to identify your case:		
Debtor 1	Erika	Patrice
	First Name	Middle Name
Debtor 2	Turner	Last Name
(Spouse, if filing)		
United States Bankruptcy Court for the:	District of _____	
Case number (if known)	7-03565-JMC-7	

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1

Priority Creditor's Name _____ Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number Street _____

City State ZIP Code _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

2.2

Priority Creditor's Name _____ Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number Street _____

City State ZIP Code _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Debtor 1 Erika Patrice Turner
 First Name Middle Name Last Name

Case number (if known) 7-03565-JMC-7**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

	Total claim	Priority amount	Nonpriority amount
Priority Creditor's Name	Last 4 digits of account number	\$	\$
Number Street	When was the debt incurred?		
City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Priority Creditor's Name	Last 4 digits of account number	\$	\$
Number Street	When was the debt incurred?		
City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Priority Creditor's Name	Last 4 digits of account number	\$	\$
Number Street	When was the debt incurred?		
City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **Erika Patrice Turner**
 First Name Middle Name Last Name

Case number (if known) **7-03565-JMC-7****Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**Total claim****4.1 AMSHER COLLECTION SERVICES**

Nonpriority Creditor's Name

4524 SOUTHLAKE PARKWAY SUITE 15

Number Street

HOOVER AL 35244

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **2 3 8 2**\$ **715**When was the debt incurred? **2/28/2019**

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.2 CREDIT MANAGEMENT LP

Nonpriority Creditor's Name

6080 Tennyson Parkwaysuite 100Number Street
Plano TX 75024

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **6 8 0 1**\$ **626**When was the debt incurred? **10/19/2018**

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.3 IMC CREDIT SERVICES

Nonpriority Creditor's Name

**6955 Hillsdale Ct
INDIANAPOLIS IN 46250**Number Street
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **1 1 1 9**\$ **2,525**When was the debt incurred? **04/19/2017**

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1 **Erika Patrice Turner**
 First Name Middle Name Last Name

Case number (if known) 7-03565-JMC-7**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

NATIONAL CREDIT SYSTEMS

Nonpriority Creditor's Name

PO BOX 312125

Number Street

ATLANTA**GA****31131**

City

State

ZIP Code

Last 4 digits of account number 9 7 0 0\$ 1,203When was the debt incurred? 08/04/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

MERIDIAN SHORELAND (TOWERS)

Nonpriority Creditor's Name

3710 N. MERIDIAN ST.

Number Street

INDIANAPOLIS**IN****46208**

City

State

ZIP Code

Last 4 digits of account number _____

\$ 850When was the debt incurred? 1/1/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

STATE FARM INSURANCE

Nonpriority Creditor's Name

1100 SUPERIOR AVE. SUITE 1850

Number Street

CLEVELAND**OH****44114**

City

State

ZIP Code

Last 4 digits of account number _____

\$ 7,500When was the debt incurred? 2/10/2016

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Debtor 1 **Erika Patrice Turner**

First Name Middle Name

Case number (if known) **7-03565-JMC-7**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street _____

Last 4 digits of account number _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name _____

Last 4 digits of account number _____

Number Street _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name _____

Last 4 digits of account number _____

Number Street _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name _____

Last 4 digits of account number _____

Number Street _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name _____

Last 4 digits of account number _____

Number Street _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name _____

Last 4 digits of account number _____

Number Street _____

City _____ State _____ ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name _____

Last 4 digits of account number _____

Number Street _____

City _____ State _____ ZIP Code _____

Debtor 1 Erika Patrice Turner

First Name Middle Name Last Name

Case number (if known) 7-03565-JMC-7

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

Total claims from Part 1

- 6a. Domestic support obligations
6b. Taxes and certain other debts you owe the government
6c. Claims for death or personal injury while you were intoxicated
6d. Other. Add all other priority unsecured claims.
Write that amount here.
- 6e. **Total.** Add lines 6a through 6d.

Total claim

6a. \$ _____
6b. \$ _____
6c. \$ _____
6d. + \$ _____

6e. _____
\$ _____

Total claims from Part 2

- 6f. Student loans
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
6h. Debts to pension or profit-sharing plans, and other similar debts
6i. Other. Add all other nonpriority unsecured claims.
Write that amount here.
- 6j. **Total.** Add lines 6f through 6i.

Total claim

6f. \$ _____
6g. \$ _____
6h. \$ _____
6i. + \$ _____
6j. _____
\$ _____

Fill in this information to identify your case:		
Debtor	ERIKA	PATRICE
	First Name	Middle Name
Debtor 2 (Spouse if filing)	TURNER	Last Name
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the:	District of	
Case number (if known)	19-03565-JMC-7	

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	ADVANCED AUTO SALES Name 2230 E. WASHINGTON ST. Number Street INDIANAPOLIS IN 46201 City State ZIP Code	2009 Dodge Caliber
2.2	BROWNSTONE APARTMENTS Name 3360 N MERDIAN ST Number Street INDIANAPOLIS IN 46208 City State ZIP Code	APARTMENT LEASE/RENT
2.3	PROGRESSIVE LEASING Name 5651 W. TALAVI BLVD Number Street GLENDALE AZ 85306 City State ZIP Code	FURNITURE
2.4	Name Number Street City State ZIP Code	
2.5	Name Number Street City State ZIP Code	

Debtor 1 ERIKA PATRICE TURNER Case number (if known) 19-03565-JMC-7

Additional Page if You Have More Contracts or Leases**Person or company with whom you have the contract or lease****What the contract or lease is for**

2.

Name _____

Number Street _____

City State ZIP Code _____

2.

Name _____

Number Street _____

City State ZIP Code _____

2.

Name _____

Number Street _____

City State ZIP Code _____

2.

Name _____

Number Street _____

City State ZIP Code _____

2.

Name _____

Number Street _____

City State ZIP Code _____

2.

Name _____

Number Street _____

City State ZIP Code _____

2.

Name _____

Number Street _____

City State ZIP Code _____

2.

Name _____

Number Street _____

City State ZIP Code _____

Fill in this information to identify your case:		
Debtor 1	ERIKA	PATRICE
	First Name	Middle Name
Debtor 2	TURNER	Last Name
(Spouse, if filing)		
	First Name	Middle Name
		Last Name
United States Bankruptcy Court for the: _____ District of _____		
Case number (if known) <u>19-03565JMC-7</u>		

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent _____

Number Street _____

City State ZIP Code _____

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply.

3.1

Name _____

Number Street _____

City State ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3.2

Name _____

Number Street _____

City State ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3.3

Name _____

Number Street _____

City State ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Debtor 1 ERIKA PATRICE TURNER
First Name Middle Name Last Name

Case number (if known) 19-03565JMC-7

Additional Page to List More Codebtors

Column 1: Your codebtor			Column 2: The creditor to whom you owe the debt		
3. _____	Name _____		Check all schedules that apply:		
	Number _____ Street _____		<input type="checkbox"/> Schedule D, line _____		
	City _____ State _____ ZIP Code _____		<input type="checkbox"/> Schedule E/F, line _____		
	Name _____		<input type="checkbox"/> Schedule G, line _____		
	Number _____ Street _____				
	City _____ State _____ ZIP Code _____				
3. _____	Name _____		<input type="checkbox"/> Schedule D, line _____		
	Number _____ Street _____		<input type="checkbox"/> Schedule E/F, line _____		
	City _____ State _____ ZIP Code _____		<input type="checkbox"/> Schedule G, line _____		
3. _____	Name _____		<input type="checkbox"/> Schedule D, line _____		
	Number _____ Street _____		<input type="checkbox"/> Schedule E/F, line _____		
	City _____ State _____ ZIP Code _____		<input type="checkbox"/> Schedule G, line _____		
3. _____	Name _____		<input type="checkbox"/> Schedule D, line _____		
	Number _____ Street _____		<input type="checkbox"/> Schedule E/F, line _____		
	City _____ State _____ ZIP Code _____		<input type="checkbox"/> Schedule G, line _____		
3. _____	Name _____		<input type="checkbox"/> Schedule D, line _____		
	Number _____ Street _____		<input type="checkbox"/> Schedule E/F, line _____		
	City _____ State _____ ZIP Code _____		<input type="checkbox"/> Schedule G, line _____		
3. _____	Name _____		<input type="checkbox"/> Schedule D, line _____		
	Number _____ Street _____		<input type="checkbox"/> Schedule E/F, line _____		
	City _____ State _____ ZIP Code _____		<input type="checkbox"/> Schedule G, line _____		
3. _____	Name _____		<input type="checkbox"/> Schedule D, line _____		
	Number _____ Street _____		<input type="checkbox"/> Schedule E/F, line _____		
	City _____ State _____ ZIP Code _____		<input type="checkbox"/> Schedule G, line _____		
3. _____	Name _____		<input type="checkbox"/> Schedule D, line _____		
	Number _____ Street _____		<input type="checkbox"/> Schedule E/F, line _____		
	City _____ State _____ ZIP Code _____		<input type="checkbox"/> Schedule G, line _____		
3. _____	Name _____		<input type="checkbox"/> Schedule D, line _____		
	Number _____ Street _____		<input type="checkbox"/> Schedule E/F, line _____		
	City _____ State _____ ZIP Code _____		<input type="checkbox"/> Schedule G, line _____		

Fill in this information to identify your case:

Debtor 1	ERIKA	PATRICE	TURNER
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____ District of _____			
Case number (if known) 19-03565JMC-7			

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form 106I

12/15

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- Employed
 Not employed

- Employed
 Not employed

Occupation

HOUSEKEEPING

Employer's name

COMFORT INN HOTEL

Employer's address

10290 PENNSYLVANIA PARKWA

Number Street

Number Street

CARMEL IN

City State ZIP Code

City State ZIP Code

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or
non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 1268.96

\$ _____

3. Estimate and list monthly overtime pay.

3. + \$ _____ + \$ _____

4. Calculate gross income. Add line 2 + line 3.

4. \$ 1268.96

\$ _____

Debtor 1 ERIKA PATRICE TURNER
 First Name Middle Name Last Name

Case number (if known) 19-03565JMC-7

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....	→ 4. \$ <u>1268.96</u>	\$ _____
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>196.72</u>	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ _____
5e. Insurance	5e. \$ <u>0.00</u>	\$ _____
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ _____
5g. Union dues	5g. \$ <u>0.00</u>	\$ _____
5h. Other deductions. Specify: <u>garnishment</u>	5h. + \$ <u>75.00</u>	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <u>196.72</u>	\$ _____
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>997.24</u>	\$ _____
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm <small>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.</small>	8a. \$ <u>0.00</u>	\$ _____
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive <small>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</small>	8c. \$ <u>0.00</u>	\$ _____
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ _____
8e. Social Security	8e. \$ <u>0.00</u>	\$ _____
8f. Other government assistance that you regularly receive <small>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____</small>	8f. \$ <u>0.00</u>	\$ _____
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ _____
8h. Other monthly Income. Specify: _____	8h. + \$ <u>0.00</u>	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ <u>0.00</u>	\$ _____
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>997.24</u>	+ \$ _____ = \$ <u>997.24</u>
11. State all other regular contributions to the expenses that you list in Schedule J. <small>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.</small>		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$ <u>0.00</u>	\$ _____
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. <small>Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies</small>		
	12. \$ <u>997.24</u>	\$ _____
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:		
Debtor 1	ERIKA	PATRICE
	First Name	Middle Name
Debtor 2	TURNER	Last Name
(Spouse, if filing)		
United States Bankruptcy Court for the:	District of	
Case number (If known)	17-03565-JMC-7	

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?** No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

 No Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

son

Dependent's age

4

Does dependent live with you?

 No
 Yes No
 Yes**3. Do your expenses include expenses of people other than yourself and your dependents?** No Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I).

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 400.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

Debtor 1 **ERIKA PATRICE TURNER**
 First Name Middle Name Last Name

Case number (if known) **17-03565-JMC-7****Your expenses**

5. Additional mortgage payments for your residence, such as home equity loans	5. \$ <u>0.00</u>
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>75.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>100.00</u>
6d. Other. Specify: _____	6d. \$ _____
7. Food and housekeeping supplies	
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	
10. Personal care products and services	10. \$ <u>20.00</u>
11. Medical and dental expenses	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>100.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>100.00</u>
15d. Other insurance. Specify: _____	15d. \$ _____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>340.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ _____
17d. Other. Specify: _____	17d. \$ _____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106l).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	
19. \$ <u>0.00</u>	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1 ERIKA PATRICE TURNER
 First Name Middle Name Last Name

Case number (if known) 17-03565-JMC-7

21. Other. Specify: _____	21. +\$ _____ 0.00
22. Calculate your monthly expenses.	
22a. Add lines 4 through 21.	22a. \$ _____ 1335.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b. \$ _____ 0.00
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. \$ _____ 1335.00
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ _____ 997.24
23b. Copy your monthly expenses from line 22c above.	23b. -\$ _____ 1335.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ _____ -337.76
24. Do you expect an increase or decrease in your expenses within the year after you file this form?	
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes.	Explain here:

Fill in this information to identify your case:

Debtor 1	ERIKA	PATRICE	TURNER
	First Name	Middle Name	Last Name
Debtor 2, (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____ District of _____			
Case number 19-03565-JMC-7 (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.



Signature of Debtor 1

Date 5/30/2019
MM / DD / YYYY



Signature of Debtor 2

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	Erika	Patrice	Turner
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____ District of: _____			
Case number (if known) 19-03565-JCM-7			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No

Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

**Dates Debtor 1
lived there:**

Debtor 2:

**Dates Debtor 2
lived there:**

Same as Debtor 1

Same as Debtor 1

Number Street

From _____
To _____

Number Street

From _____
To _____

City State ZIP Code

City State ZIP Code

Same as Debtor 1

Same as Debtor 1

Number Street

From _____
To _____

Number Street

From _____
To _____

City State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1 Erika Patrice Turner

First Name Middle Name Last Name

Case number (if known) 19-03565-JCM-7

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

 No Yes. Fill in the details.From January 1 of current year until
the date you filed for bankruptcy:

Debtor 1	Debtor 2
Sources of income Check all that apply:	Sources of income Check all that apply:
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$ 6919.72	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$ _____
<input type="checkbox"/> Operating a business	<input type="checkbox"/> Operating a business
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$ 16,012	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$ _____
<input type="checkbox"/> Operating a business	<input type="checkbox"/> Operating a business
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$ 15,897	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$ _____
<input type="checkbox"/> Operating a business	<input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

 No Yes. Fill in the details.From January 1 of current year until
the date you filed for bankruptcy:

Debtor 1	Debtor 2		
Sources of income Describe below:	Gross income from each source (before deductions and exclusions)	Sources of income Describe below:	Gross income from each source (before deductions and exclusions)
\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____
For last calendar year: (January 1 to December 31 2018) YYYY	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
For the calendar year before that: (January 1 to December 31 2017) YYYY	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

Debtor 1 **Erika Patrice Turner**
 First Name Middle Name Last Name

Case number (if known) 19-03565-JCM-7**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Number Street	City	State	ZIP Code	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
_____	_____	_____	_____	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1 Erika Patrice Turner

Case number (*if known*) 19-03565-JCM-7

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name	\$ _____	\$ _____	
Number Street			
City State ZIP Code			
Insider's Name	\$ _____	\$ _____	
Number Street			
City State ZIP Code			

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name	\$ _____	\$ _____	
Number Street			
City State ZIP Code			
Insider's Name	\$ _____	\$ _____	
Number Street			
City State ZIP Code			

Debtor 1 Erika Patrice Turner
 First Name Middle Name Last Name

Case number (if known) 19-03565-JCM-7**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title _____ _____ _____	Court Name _____ Number Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title _____ _____ _____	Court Name _____ Number Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____		

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.

Describe the property	Date	Value of the property
Creditor's Name _____ Number Street _____ City _____ State _____ ZIP Code _____		\$ _____
Explain what happened		
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Describe the property	Date	Value of the property
Creditor's Name _____ Number Street _____ City _____ State _____ ZIP Code _____		\$ _____
Explain what happened		
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1 **Erika Patrice Turner**
 First Name Middle Name Last Name

Case number (if known) **19-03565-JCM-7**

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

 No Yes. Fill in the details.

Describe the action the creditor took		Date action was taken	Amount
Creditor's Name			
Number Street			\$ _____
City	State ZIP Code	Last 4 digits of account number: XXXX-_____	

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

 No Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

 No Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you			

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you			

Debtor 1 Erika Patrice Turner

Case number (*if known*) 19-03565-JCM-7

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____ _____		_____	\$ _____
Number Street _____ _____		_____	\$ _____
City State ZIP Code _____ _____			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
_____	_____	_____	\$ _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid _____ _____	Description and value of any property transferred _____ _____	Date payment or transfer was made	Amount of payment
Number Street _____ _____		_____	\$ _____
City State ZIP Code _____ _____		_____	\$ _____
Email or website address _____ _____			
Person Who Made the Payment, if Not You _____ _____			

Debtor 1 Erika
 First Name Patrice
 Middle Name
 Last Name Turner

Case number (if known) 19-03565-JCM-7

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid			_____	\$ _____
Number	Street		_____	\$ _____
			_____	\$ _____
City	State	ZIP Code		
Email or website address				
Person Who Made the Payment, If Not You				

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
 Do not include any payment or transfer that you listed on line 16.

- No
 Yes. Fill in the details.

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid			_____	\$ _____
Number	Street		_____	\$ _____
			_____	\$ _____
City	State	ZIP Code		

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).
 Do not include gifts and transfers that you have already listed on this statement.

- No
 Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer		_____
Number	Street	_____
City	State	ZIP Code
Person's relationship to you _____		
Person Who Received Transfer		_____
Number	Street	_____
City	State	ZIP Code
Person's relationship to you _____		

Debtor 1 Erika Patrice Turner

Case number (if known) 19-03565-JCM-7

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

No

Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____ _____	_____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____	\$ _____
Number Street _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____	\$ _____
City State ZIP Code _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____	\$ _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street _____	_____	
City State ZIP Code _____	_____	

Debtor 1 Erika
 First Name Patrice
 Middle Name
 Last Name Turner

Case number (if known) 19-03565-JCM-7

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

 No Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility	Name		<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street		
		City State ZIP Code	
City	State	ZIP Code	

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

 No Yes. Fill in the details.

Where Is the property?	Describe the property	Value
Owner's Name		\$ _____
Number Street	Number Street	
City	State	ZIP Code

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

 No Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	
Number Street	Number Street	
City	State	ZIP Code
City	State	ZIP Code

Debtor 1 **Erika**
 First Name **Patrice**
 Middle Name **Turner**
 Last Name

Case number (if known) **19-03565-JCM-7****25. Have you notified any governmental unit of any release of hazardous material?** No Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
		City State ZIP Code	
		City State ZIP Code	

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title		
Court Name		
Number Street		
Case number		
City State ZIP Code		

Part 11: Give Details About Your Business or Connections to Any Business**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

 No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.

Business Name	Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
Number Street		EIN: _____
City State ZIP Code		Dates business existed
From _____ To _____		
Business Name	Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
Number Street		EIN: _____
City State ZIP Code		Dates business existed
From _____ To _____		

Debtor 1 Erika
 First Name Patrice
 Middle Name
 Last Name Turner

Case number (if known) 19-03565-JCM-7

Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street	Name of accountant or bookkeeper	EIN: _____ Dates business existed
City _____ State _____ ZIP Code _____	From _____ To _____	

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

 No Yes. Fill in the details below.

Date Issued

Name _____

MM / DD / YYYY

Number Street _____

City _____ State _____ ZIP Code _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.


 Signature of Debtor 1

Date 5/30/19


 Signature of Debtor 2

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
 Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	First Name <u>ERIKA</u>	Middle Name <u>KATRICE</u>	Last Name <u>TUMOR</u>
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Case number (If known)		District of _____ <u>19-03565-JMC-7</u>	

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/16

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name:

Surrender the property.

No

Description of property securing debt:

- Retain the property and redeem it.
 Retain the property and enter into a *Reaffirmation Agreement*.
 Retain the property and [explain]: _____

Yes

Creditor's name:

Surrender the property.

No

Description of property securing debt:

- Retain the property and redeem it.
 Retain the property and enter into a *Reaffirmation Agreement*.
 Retain the property and [explain]: _____

Yes

Creditor's name:

Surrender the property.

No

Description of property securing debt:

- Retain the property and redeem it.
 Retain the property and enter into a *Reaffirmation Agreement*.
 Retain the property and [explain]: _____

Yes

Creditor's name:

Surrender the property.

No

Description of property securing debt:

- Retain the property and redeem it.
 Retain the property and enter into a *Reaffirmation Agreement*.
 Retain the property and [explain]: _____

Yes

Debtor 1

First Name _____ Middle Name _____ Last Name _____

Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases**Will the lease be assumed?**

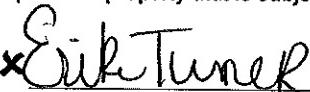
Lessor's name:

 No YesDescription of leased
property:

Lessor's name:

 No YesDescription of leased
property:Description of leased
property:**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.



Signature of Debtor 1



 Date 5/30/2019
 MM / DD / YYYY

Signature of Debtor 2

Date
MM / DD / YYYY

Verification of Creditor List (rev 12/01/18)

UNITED STATES BANKRUPTCY COURT
Southern District of Indiana

In re: ERIKA TURNER
[Name of Debtor(s)]

Debtor(s).

) Case No. 19-03565-JMC-7
(xx-xxxxx)

Check if this form
is submitted with an
amended creditor list.

VERIFICATION OF CREDITOR LIST

(I/We) declare under penalty of perjury that all entities included or to be included in Schedules D, E/F, G, and H are listed in the creditor list submitted with this verification. This includes all creditors, parties to leases and executory contracts, and codebtors.

(I/We) declare that the names and addresses of the listed entities are true and correct to the best of (my/our) knowledge.

(I/We) understand that (I/we) must file an amended creditor list and pay an amendment fee if there are entities listed on (my/our) schedules that are not included in the creditor list submitted with this verification.

Dated: 5/30/2019

Erika Turner
Signature of Debtor

Signature of Joint Debtor

(Note: Certificate of Service not required.)

Amshner Collection Services
4524 Southlake Parkway Suite 15
Hoover, AL 35244

Progressive Leasing
5651 W. Talavi BLVD
Glendale, AZ 85306